



P.O. Box 3599
Topeka, KS 66601-9738
Phone: 1-800-792-4884

Third Party Declaration of Citizenship

I, _____ residing at
(First Name, Last Name MI)

Address, City State Zip

make these true statements:

- 1. I am a United States citizen.
- 2. I was born on _____ at _____
(Date) (City and State)
- 3. This declaration is made for the following person: _____
- 4. My relationship with the above-named individual is: _____
- 5. I have personal knowledge of the event(s) establishing the individual's claim to citizenship. The facts surrounding the individuals citizenship are known to me are as follows (include the individual's date and place of birth): _____

- 6. To the best of my knowledge, the individual is unable to produce documentary evidence. The reasons for this that are known to me are as follows: _____

I declare, under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.

Signature

Date

Printed Name

Witness Signature

Date

Witness Printed Name

If you have any questions, please call the KanCare Clearinghouse at 1-800-792-4884 between the hours of 8:00 am to 5:00 pm Monday through Friday.